

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS							*	*	*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
1	/						51			
2	/						52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11	/						61			
12	/						62			
13							63			
14							64			
15	/						65			
16	/						66			
17							67			
18	/						68			
19	/						69			
20							70			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4									
TOTAL DEP.	20									
TOTAL CLAIMS	24									

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